

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	6	6				
2		1				
3		6				
4		5				
5		5				
6		6				
7		6				
8		6				
9		1				
10		1				
11		1				
12		1				
13	1					
14		1				
15		1				
16		1				
17		1				
18		6				
19		6				
20		6				
21		6				
22		6				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		6				
31		6				
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			↓		↓	↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			↓		↓	↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
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SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7		6				
8		6				
9		6				
10		1				
11		1				
12		5				
13		5				
14		5				
15		5				
16		5				
17		5				
18		5				
19		5				
20		5				
21		5				
22		6				
23		6				
24		6				
25		4				
26		4				
27		4				
28		4				
29		4				
30		4				
31		4				
32		4				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		5				
41		5				
42		5				
43		5				
44		1				
45		1				
46		5				
47		5				
48		5				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		5				
53		5				
54		5				
55		5				
56		1				
57		6				
58		6				
59		6				
60		6				
61		6				
62		6				
63		6				
64		6				
65		6				
66		6				
67		5				
68		5				
69		6				
70		6				
71		6				
72		6				
73		6				
74		6				
75		6				
76		6				
77		6				
78		6				
79		6				
80		6				
81		6				
82		1				
83		1				
84		1				
85		1				
86		1				
87		1				
88		3				
89		3				
90		3				
91		3				
92		3				
93		3				
94		3				
95		5				
96		5				
97		5				
98		1				
99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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